

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FO WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPL(S)

10 / 529190

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7	1		1			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	9	←	9	←		←
TOTAL CLAIMS	11		11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						